



WORK STATUS REPORT

Date Generated: 03-14-2013 16:19:20

NAME: Last: Santillan	First: Rosario	Date of Exam: 03-14-2013	Case #: 156238753
Occupation: Packing	DOB: 03-26-1967	DOI: 02-22-2013 12:00	Claim #: twcs-1588
Employer: PREMIER PERSONNEL	Contact: MARINA PADILLA	Tel.: (310)515-2632	Fax: (310)515-5317
RESOURCES		Tel.: (877)751-0133	Fax: (866)548-2637
Claims Administrator: YORK CLAIMS			

PATIENT STATUS Since the last exam, this patient's condition has:

Not Improved significantly

DIAGNOSES

Sprain/Strain Lumbar (847.2), Muscle Spasm Back (724.8), Pain - Back (724.2)

TREATMENT

Physical Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Chiropractic Therapy	<input type="checkbox"/> Start <input checked="" type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Occupational Therapy	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> times / week for	<input type="checkbox"/> weeks	<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Acupuncture	<input type="checkbox"/> Start <input type="checkbox"/> Continue <input type="checkbox"/> Renew	<input type="checkbox"/> # of visits		<input type="checkbox"/> Cancel <input type="checkbox"/> Pending
Ergonomic Evaluation	<input type="checkbox"/> Start		Other: <input type="checkbox"/>	

WORK STATUS

The finding and diagnosis are consistent with patient's account of injury or onset of illness. Return to work with restrictions as of 03-14-2013.

Work Restrictions:

Limited stooping and bending Limited Lift, Limited Push and Limited Pull up to 10 lbs.

Patient must wear back support.

In the event that your employee has restrictions and no modified work is made available, employer must keep employee off work unless, and until, such modified work is made available.

TREATING PROVIDER

Name: Narin . Phuong,P.A.	Lic. #: PA14178	Signature (Original)
Specialty: Occupational Medicine	Date of Exam: 03-14-2013	

NEXT APPOINTMENT

Next Appointment with Phuong Narin on 03-21-2013 03:30 pm.

Executed at: US HealthWorks 2499 B. Wilmington Ave., Compton CA 90220 Ph:310 636-1113

Check In Time: 03-14-2013 15:09

Check Out Time: 04:19 pm